ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007 PHONE (602) 364-1PET (1738) FAX (602) 364-1039 VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

	FOR OFFICE USE ONLY						
	Date Received: <u>Jan 9, 202</u> 6 Case Number: <u>20 - 40</u>						
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING: Name of Veterinarian/CVT: Andrea Strickland Premise Name: Animal Medical Center of Arizona Premise Address: 270 W Chandler Hgts Rd, #3							
B .	INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*: Name: Bobbie Ann Chan						
	Address:						
	City: State: Zip Code:						
	Home Telephone: Cell Telephone:						

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

| RECEIVED

JAN 0 8 2020

BY

C.	PATIENT INFORMATION (1): Name: Bingo Breed/Species: Chihuahua					
	Age: <u>8</u>	S	Sex: F	Color: <u>wł</u>	nite	
	PATIENT INFORMATION (2):					
	Name:					
	Breed/Specie	es:		· .		
	Age:	Se	ex:	Color:		
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E. 1	WITNESS INFORM Please provid direct knowle Charlotte Dusenber Tony Chan.	le the name, dae regardir	ng this case.	phone number of e	each witness that has	
	Attes	station of I	Person Rec	questing Investi	igation	
and	daccurate to and all me estigation of t	the best of dical recor his case.	my knowled rds or inforr	dge. Further, I auth nation necessar	ained herein is true norize the release of to complete the	
	Signature:	4 Arlo				
	Date:	1/4/20	0			

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Took my dog into them for a teeth cleaning realizing that she may have to have a few pulled due to cavities, etc. Took her in, they did whatever, and when I called to see how she was doing they informed me - then and ONLY then - that they had to pull 22 teeth.

Everything I've read on the internet said that it was IMPERATIVE that the vet take xrays to check for abscesses, root issues, etc., prior to pulling teeth.

Within a month she was blind. I don't know if it was the shock of the surgery or something else but it's AWFULLY SUSPICIOUS that this happened now.

Have another dog who had to have 6 teeth pulled but that vet saved every tooth to show me the decay, issues, etc., again - very suspect that Andrea did not do this and assumed I'd take her word for whatever she did to my pet.

She needs to be made away of a few things when doing this sort of shabby work on a person's pet. I personally believe she owes me my \$\$ back for the underhanded way she handled this entire episode. I never even met her prior to the surgery since she took over from another vet, and didn't meet her afterwards as she had a tech take the responsibility. I sincerely believe she doesn't know what she's doing and that is the reason she keeps all these smart, personable, techs around. Not only to deal w/the patient's ppl but also to keep her in check as to what she does to animals and has a 'back-up' for support when her tactics are questioned.

I hope she learns from this and changes her tactics so it's not such a shock to the owner.

January 22, 2020

20-60, In Re: Andrea Estrada Stickland (Strickland)

Narrative account regarding Bingo Chan the patient and owner Bobbie Chan

Ms. Chan came in for an initial appointment with Dr. Carolyn Duregger 9/20/19 for an exam and dental assessment. At this time, the patient was noted to "not being chewing food". In the exam significant periodontal disease and gingival recession was noted as well as mature cataracts. A dental was recommended - Dental grade 3 (we use a scale of 1-3 for our dental levels). A grade 3 being a severe dental warranting many extractions and clean up. Ms. Chan was given an estimate and the dental scheduled that day for my surgery day October 25, 2019.

Bingo was checked in on October 25th for dentistry. Our routine drop off was done since this patient was current on her exam. She was presented the estimate for a dental grade 3 and Ms. Chan signed it without any complaints. Routine pre surgical exam was done with routine blood work. The patient was deemed stable for anesthesia. Please note, the incomplete cataracts were noted at the time of the exam as well as being overweight. Bingos labs indicated mild increase in ALKP, ALT and cholesterol. All of which could be associated with the periodontal disease and human food only diet. We proceeded with dental. The patent had extensive bone loss and deep pockets assessed with probing and digital dental radiographs. The affected teeth were removed (22). We did Bingo first thing in the morning since she was the oldest and wanted to give her the most time to recover. Recovery was smooth. Once Bingo was extubated and stable, I called owner on the number left for daily contact. I. Informed her of how many teeth were removed and why (periodontal disease) and that she still had a decent number of teeth left. We scheduled pick up time at 2:30 pm since she did so well. The cost of the dental was less than the high end of her estimate. My surgery technicians do check outs and go over home cares. I was in another procedure at the time she checked out but was available for any concerns or questions.

Per protocol, we call the following day to check up on patient and schedule the 1 week post op exam (included in the fee of the dental). However, Ms. Chan's voicemail was not set up. Communication finally occurred on 10/28/19 at which point there were no concerns. A follow up surgery appointment was scheduled for 11/4/2019. Ms. Chan cancelled her appointment on 11/1/19. At no point during this time was I aware that she was not happy or satisfied. Ms. Chan even wrote us a nice review post op on 10/28/19.

Unbeknownst to me, Ms. Chan had other appointments scheduled that she later cancelled on the day of appointment time.

On December 11, 2019 there was an angry message about Bingo's ears not being treated appropriately from her original September appointment. She did not have any comments or concerns regarding her dental. We scheduled her for an appointment and Ms. Chan came in on December 13, 2019. This appointment was to re evaluate ears, address hearing loss and inability to find her bacon. At this time, her mouth was assessed and looked great and we spent most of our time addressing allergies and diet in a scope the would work with her budget. Her anger at the time dealt with the re occurring otitis and lack of complete treatment. I informed owner at the time of her dental in October (This is the only time prior that I saw patient), her ears were great. Thus our deeper dive into underlying allergies.

In conclusion, I was frankly baffled by receiving this complaint. In her short relationship with us, she had been known to be very assertive and angry. I was hoping my detailed medicine and attention to her needs would help her understand what was going on with her pet Bingo.



VICTORIA WHITMORE - EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair

Cameron Dow, DVM Carolyn Ratajack

Christina Tran, DVM - **Absent** Jarrod Butler, DVM - **Absent**

Steven Seiler - Absent

STAFF MEMBERS PRESENT: Tracy A. Riendeau, CVT

Mary Williams, Assistant Attorney General

RE: Case: 20-60

Complainant(s): Bobbie Ann Chan

Respondent(s): Andrea Estrada-Stickland, D.V.M. (License: 3898)

SUMMARY:

Complaint Received at Board Office: 1/9/20

Committee Discussion: 6/2/20

Board IIR: 7/15/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September

2013 (Yellow).

On October 25, 2019, "Bingo," an 8-year-old female Chihuahua was presented to Respondent for a dental procedure. The procedure was performed and 22 teeth were extracted due to periodontal disease. The dog recovered well and was discharged later that day with Clindamycin and Metacam.

On November 4, 2019, the dog was presented for a recheck. The dog was healing well and Complainant did not express any concerns.

On December 13, 2019, the dog was presented to Respondent to have the ears evaluated. Complainant did not express concerns with the number of extractions or the dog's vision issues at that time. The dog was discharged with written prescriptions for Apoquel and Mometamax.

Complainant expressed concerns that dental radiographs were not performed, she was not advised on the amount of extractions needed until after the procedure, and within a month of the dental procedure the dog went blind.

Complainant was noticed and appeared telephonically. Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Bobbie Ann Chan
- Respondent(s) narrative/medical record: Andrea Estrada-Stickland, DVM

PROPOSED 'FINDINGS of FACT':

- 1. On September 20, 2019, the dog was presented to Respondent's associate, Dr. Duregger for an exam and dental assessment. An exam was performed where significant periodontal disease and gingival recession was noted as well as mature cataracts. An ear cytology was also performed and revealed coccoid bacteria and yeast in both ears. A dental was recommended and Complainant was given an estimate the dental was scheduled on October 25, 2019 with Respondent. The dog was discharged with Mometamax and an ear cleaner.
- 2. On October 25, 2019, the dog was presented to Respondent for a dental procedure. Upon exam, the dog had a weight = 14.78 pounds, a temperature = 101.5 degrees, a heart rate = 160bpm and a respiration rate = 28rpm; mucous membranes = pink and BCS = 8/obese. Respondent noted the dog had grade 3 dental disease, lenticular sclerosis and cataracts. Blood was collected and the dog was deemed a surgical candidate. An IV catheter was placed; LRS was started at 33mLs/hr, the dog was pre-medicated with Cerenia, Hydromorphone, and Midazolam, induced with Alfaxan and maintained on Sevoflurane and oxygen.
- 3. The dental was performed, digital radiographs were taken and Respondent noted the dog had extensive bone loss and deep pocketing. The dog was administered Clindamycin, meloxicam and lidocaine during the procedure. The affected teeth were extracted 22 teeth (it is not noted in the medical record which teeth were extracted, nor if suturing was required). Laser therapy was applied; the dog recovered uneventfully and vitals were T = 99 degrees, HR 110bpm, and RR 40rpm post anesthesia. The dog was vaccinated for rabies and was discharged later that day.
- 4. On October 28, 2019, premises staff called Complainant to get an update on the dog; Complainant reported that the dog was doing well, no concerns.
- 5. On October 31, 2019, Complainant reported the dog was straining to defecate, possibly having diarrhea. Complainant had asked if she could give Milk of Magnesia she was advised not to give anything and they would examine the dog at the recheck appointment the following day. According to Respondent, Complainant canceled the appointment for 11/1/19.
- 6. On November 4, 2019, the dog presented for a recheck. The dog had a weight = 14.02 pounds, a temperature = 101.5 degrees, a heart rate = 150bpm and a respiration rate = 20rpm. It was noted the dog was healing well; there were still some sutures present but they would continue to work their way out. Respondent advised that the dog could go back to his normal diet and activity. Complainant did not express any concerns at that time.
- 7. On December 11, 2019, Respondent stated that Complainant called and left an angry message about the dog's ears not being treated appropriately at the September appointment.

There were no comments made about the dental. An appointment was scheduled for December 13, 2019.

- 8. On December 13, 2019, the dog was presented to Respondent to have the ears evaluated. The dog had a weight = 14.02 pounds, a temperature = 101.5 degrees, a heart rate = 150bpm and a respiration rate = 20rpm. It was noted that the dog was obese; he had immature cataracts the fundus was unable to fully be seen, but PLR was present; the gingiva looked great; colon was mildly thickened with mucous present; there was mild erythema noted along the ventral paw; and both outer ears had erythema with dry brown discharge adhered to the outer canal.
- 9. Complainant reported that the dog's equilibrium was off she had tried to jump on the bed and fell over. She further stated that the dog's hearing was not good; smelling was off; was more constipated; urinated on the bed in the past few weeks; and will lick walls, chairs, floors, for hours.
- 10. Respondent diagnosed the dog with otitis externa, allergy and obesity. Respondent discussed that the dog may have colitis based on the description as there was no hard feces appreciated and mucous was found on rectal exam. She discussed environmental versus food allergies and recommended Cytopoint and ear cleaning Complainant declined due to financial constraints. Respondent recommended a caloric intake plan and rechecking the dog in 2 weeks. The dog was discharged with written prescriptions for Apoquel and Mometamax and was instructed to continue using the ear cleaner that was previously sent home.
- 11. Complainant stated the dog went blind after the dental procedure and has not barked. Additionally, she requested copies of the dental radiographs and never received them; Complainant stated that she was eventually told that no radiographs were taken.
- 12. On December 30, 2019, Premises staff received a call from Ocotillo Animal Clinic requesting radiographs. They were advised that no radiographs were taken however dental radiographs were performed when the dog was in for a dental procedure. The radiographs were emailed to Complainant and Ocotillo Animal Clinic.

COMMITTEE DISCUSSION:

The Committee discussed that there were many contradictory statements made in this case. However, the Committee felt confident that Respondent did call Complainant to advise her how many teeth had been extracted. On October 28th (3 days after the procedure), Complainant made a positive review on a social media platform. There were no notations in the medical record reflecting any concerns or complaints by Complainant.

The Committee felt Respondent provided appropriate medical care and had well documented medical records. They noted that the dog had mature cataracts which can lead to blindness; it is not clear why the dog could not bark after the dental procedure. The Committee felt if there had been damage to the dog's throat as a result of the dental procedure, there would likely have been more clinical signs, however, the Complainant did not report any after the dog went home.

The Committee further commented that it is extremely difficult to extract healthy teeth and a veterinarian would not go through the trouble to make extra money. Additionally, Respondent explained why staff could not locate the dental radiographs; they were performed and were eventually given to Complainant and the new treating veterinarian.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

Tracy A. Riendeau, CVT Investigative Division